

Immunize NY!

Bureau of Immunization

Welcome to *Immunize NY!*

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Frequently Used Abbreviations:

AAP:	American Academy of Pediatrics
ACIP:	Advisory Committee on Immunization Practices
CDC:	U.S. Centers for Disease Control and Prevention
FDA:	U.S. Food and Drug Administration
IAC:	Immunization Action Coalition
MMWR:	Morbidity and Mortality Weekly Report
NYSDOH:	New York State Department of Health
NYSIIS:	New York State Immunization Information System

New Recommendations from the October 2011 ACIP Meeting

ACIP votes to Recommend Human Papilloma Virus (HPV) Vaccine for Males Aged 11 and 12 Years

On October 25, ACIP voted to recommend the routine vaccination of males age 11 and 12 years, and for boys and men who haven't already been vaccinated up to age 21, with 3 doses of the quadrivalent HPV (HPV4) vaccine (Gardasil by Merck). A permissive recommendation was also made for males aged 22 to 26 years.

The HPV4 vaccine will provide protection against certain HPV-related conditions and cancers in males, and may also provide indirect protection for women by reducing the transmission of HPV.

For a related press release transcript from CDC, go to: http://www.cdc.gov/media/releases/2011/t1025_hpv_12yroldvaccine.html.

ACIP votes to Recommend Hepatitis B Vaccination for Adults Aged 60 Years and Younger with Diabetes

On October 25, ACIP voted to recommend that hepatitis B vaccine be given to adults with diabetes. The vaccine series is recommended for unvaccinated adults with diabetes aged 60 years and younger. The vaccine may also be administered to unvaccinated adults with diabetes who are older than age 60 years. The recommendation was prompted by the number of transmissions of hepatitis B virus in settings that provide diabetics with assisted blood glucose monitoring.

To learn more about this recommendation visit: <http://www.infectiousdiseasenews.com/article/88870.aspx>.

Recently Published ACIP Recommendations

1. Use of a Quadrivalent Meningococcal Conjugate Vaccine

The ACIP recommended that persons aged 2 through 55 years who are at increased risk for meningococcal disease, and all adolescents aged 11 through 18 years, be immunized with meningococcal conjugate vaccine. ACIP further recommended that all adolescents receive a booster dose of quadrivalent meningococcal conjugate vaccine (MenACWY-D; Menactra by sanofi pasteur) at age 16 years. This report also summarizes data supporting the extended age indication (ages 2 through 10 years) for the second licensed meningococcal conjugate vaccine (MenACWY-CRM; Menveo by Novartis Vaccines and Diagnostics), and the interchangeability of the two vaccines.

To read the published report, **Recommendation of the ACIP for the Use of Quadrivalent Meningococcal Conjugate Vaccine (MenACWY-D) Among Children Aged 9 through 23 Months at Increased Risk for Invasive Meningococcal Disease (October 2011)**, visit:

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6040a4.htm?s_cid=mm6040a4_w.

2. Use of a Quadrivalent Meningococcal Conjugate Vaccine in Children Aged 9 to 23 Months

In January, the FDA licensed the use of MenACWY-D as a 2-dose primary series among children ages 9 through 23 months. In April, the FDA then approved the use of MenACWY-D in the same age group.

Clinical data was reviewed at the June ACIP meeting. ACIP then recommended that children ages 9 through 23 months with certain risk factors for meningococcal disease receive a 2-dose series of MenACWY-D, three months apart.

To read the report, **Licensure of a Meningococcal Conjugate Vaccine for Children Aged 2 Through 10 Years and Updated Booster Dose Guidance for Adolescents and Other Persons at Increased Risk for Meningococcal Disease - Advisory Committee on Immunization Practices (ACIP) (August 2011)**, visit:

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6030a3.htm?s_cid=mm6030a3_e&source=govdelivery.

3. Use of Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis (Tdap) Vaccine in Pregnant Women

On June 22, ACIP voted to recommend the use of Tdap in unvaccinated pregnant women and updated recommendations on cocooning and special situations. The published report provides guidance for implementing ACIP's recommendations in these populations. To read the report, **Updated Recommendations for Use of Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine (Tdap) in Pregnant Women and Persons Who Have or Anticipate Having Close Contact with an Infant Aged <12 Months --- Advisory Committee on Immunization Practices (ACIP), 2011**, visit: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6041a4.htm?s_cid=mm6041a4_e&source=govdelivery.

4. FDA Approval of Expanded Age Indication for Tdap Vaccine

On July 8, the FDA approved an expanded age indication for Tdap (Boostrix by GlaxoSmithKline). Boostrix is now licensed for use in individuals ages 10 years and older as a single-dose booster vaccination, including those 65 and older.

An article in the September 23 issue of the MMWR reviews ACIP recommendations for the use of Tdap in people starting at age 11 or 12 years. It also includes the new clarification that either Tdap vaccine can be used for people age 65 years and older.

To read the article, **FDA Approval of Expanded Age Indication for a Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine**, visit: www.cdc.gov/mmwr/preview/mmwrhtml/mm6037a3.htm.

5. Herpes Zoster Vaccine Use for Persons Aged 50 through 59 Years

Herpes zoster vaccine (Zostavax by Merck & Co., Inc.) was licensed by the FDA and recommended by ACIP in 2006 for the prevention of herpes zoster among adults aged 60 years and older. In March, the FDA approved the use of Zostavax in adults aged 50 through 59 years. In June, ACIP **declined** to recommend the vaccine for adults aged 50 through 59 years. This was to ensure an adequate and stable vaccine supply for those in the older age group. ACIP reaffirmed its current recommendation that herpes zoster vaccine be routinely recommended for adults aged 60 years and older.

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Previous ACIP Recommendations Now Published

Continued from page 2

According to a November 11 MMWR article, factors that a health care provider should consider if choosing to vaccinate certain patients aged 50 through 59 years include an anticipated poor tolerance of herpes zoster or postherpetic neuralgia symptoms (e.g., attributable to preexisting chronic pain, severe depression or other comorbid conditions; inability to tolerate treatment medications because of hypersensitivity or interactions with other chronic medications; and occupational considerations).

ACIP may update the recommendations to include the younger than 60 age group depending on supply in the future. ACIP will continue to monitor supply issues.

To read the article, **Update on Herpes Zoster Vaccine: Licensure for Persons Aged 50 Through 59 Years**, visit: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6044a5.htm>.

Adverse Effects of Vaccines: Evidence and Causality

The Institute of Medicine released a report on its assessment of the risk of adverse events associated with eight specific vaccines. This was to determine if adverse events following vaccination are causally linked to a specific vaccine. The evidence showed that few adverse effects are caused by the vaccines reviewed in this study. The report is available at: <http://www.iom.edu/~media/Files/Report%20Files/2011/Adverse-Effects-of-Vaccines-Evidence-and-Causality/Adverseeffectsofvaccinesreportbrief.pdf>.

Updates on Febrile Seizures in Children Following Vaccination

After Influenza and Pneumococcal Vaccination

The ACIP General Recommendations Work Group, CDC, and the FDA have been leading the effort in monitoring and evaluating febrile seizure data following the administration of the 2010-11 Trivalent Inactivated Influenza (TIV) and pneumococcal conjugate (PCV13) vaccine.

The analyses found that febrile seizures following inactivated influenza and PCV13 vaccines given to this age group did occur, but were rare. The febrile seizures were most common in children ages 12 through 23 months when the two vaccines were given during the same health care visit. In this group, about one additional febrile seizure occurred among every 2,000 to 3,000 children vaccinated.

After evaluating the available information, CDC determined that no changes in the childhood immunization schedule are necessary at this time. For more information visit: <http://www.cdc.gov/vaccinesafety/Concerns/FebrileSeizures.html>.

After Varicella Vaccination

In a policy statement published in the August 28 on-line edition of **Pediatrics**, the AAP Committee on Infectious Diseases said post-licensure data indicate a slightly higher incidence of febrile seizures in children aged 1 to 2 years in the combination measles/mumps/rubella/varicella (MMRV) vaccine (ProQuad by Merck) group. The AAP reported seven to nine febrile seizures per 10,000 children after MMRV. In contrast, three to four per 10,000 children reported seizures after separate MMR (M-M-R II by Merck) and varicella (Varivax by Merck) vaccinations.

This data indicates that the incidence rate of febrile seizures is quite rare. Additionally, the use of the combined vaccine offers patients a single injection versus two. To view the article visit: <http://pediatrics.aappublications.org/content/early/2011/08/24/peds.2011-1968.abstract?rss=1>. To read a synopsis of the policy and a statement from Paul A. Offit, MD in support of the policy, go to: <http://www.pediatricsupersite.com/view.aspx?rid=87110>.

Invasive Pneumococcal Disease and 13-Valent Pneumococcal Conjugate Vaccine (PCV13)

In 2010 and 2011, CDC evaluated available data to assess the occurrence of PCV13-type IPD cases and PCV13 vaccination coverage among children aged 59 months or younger. The CDC determined:

- Sixty three vaccine-eligible children with IPD caused by a serotype included in PCV13 were identified within 12 study regions. Study regions included parts of NYS.
- Most of those children were aged 24 through 59 months and were vaccinated completely with PCV7 but had not received the recommended supplemental dose of PCV13.
- Health care providers should recommend PCV13 vaccination for all eligible children aged 14 through 59 months during all visits, and continue to ensure receipt of the full PCV13 primary series for younger children.
- No PCV7 should be used at this time.
- To increase PCV13 coverage, health care providers should take advantage of opportunities to provide the supplemental dose of PCV13 to age-eligible patients during any health care visit.
- The recommended PCV13 schedule is summarized at: http://www.immunize.org/askexperts/experts_pcv.asp

PCV13 includes antigens of six pneumococcal serotypes in addition to those in the 7-valent vaccine (PCV7). Children only vaccinated with PCV7 are susceptible to those six serotypes, which can cause invasive pneumococcal disease (IPD) and death.

Sentinel site data from March 2010 through June 2011 indicated that the proportion of PCV7-vaccinated children who had received the PCV13 supplemental dose was only 37%. Similarly, among children aged 59 months or younger requiring additional primary series doses, PCV13 coverage was only 46%.

The NYSIIS Immunization Scheduler tool can assist providers in identifying children who need the additional dose of PCV13 to avoid missed opportunities. See the newsletter article below for more information on the NYSIIS Scheduler.

The report is available at: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6043a2.htm?s_cid=mm6043a2_w.

NYSIIS Immunization Scheduler Tool Assists Providers

In New York State, health care providers have access to the NYSIIS Immunization Scheduler Tool. This tool is based on the ACIP schedule and provides dose and interval recommendations specific to each patient's age and immunization history as recorded in the system.

The NYSIIS Immunization Scheduler can accommodate patients from birth through adolescence as well as adults. It also provides catch-up schedule recommendations based on current patient information. While reporting immunizations to NYSIIS is mandatory for health care providers that administer immunizations to children less than 19 years of age, it is also available for use by all health care providers who want to manage patient immunizations.

The benefit of utilizing the Immunization Scheduler within NYSIIS is that it allows for patient immunization information to be recorded in one place where it can be generated as a patient history report as needed and provide guidance and analysis for future patient visits.

For information on NYSIIS access or training, contact the NYSIIS Help Desk at 1-866-389-0371 or email at nysiishelpdesk@health.state.ny.us.

Did you know?

All significant health events that may have been related to a dose of vaccine, particularly those that lead to hospitalization, disability, or death, should be reported to the Vaccine Adverse Event Reporting System (VAERS).

Health care providers do not need to be certain the event was vaccine related in order to report it. It is not necessary to report minor adverse reactions, such as local reactions or low-grade fever.

For more information about VAERS visit <http://vaers.hhs.gov> or call (800) 822-7967.

Health Care Personnel Vaccination

ACIP Immunization Recommendations for Health Care Personnel Updated

On November 25, ACIP published a report updating the 1997 published summary of recommendations for vaccinating health care personnel in the United States. These recommendations can assist hospital administrators, infection-control practitioners, employee health clinicians, and HCP in optimizing infection prevention and control programs.

To read this report go to: <http://www.cdc.gov/mmwr/PDF/rr/rr6007.pdf?source=govdelivery>.

The IAC Updates "Ask the Experts" Q & As about Health Care Personnel Vaccination

The August 25 edition of **IAC Express** features health care personnel vaccination questions and answers. This is an excellent resource for all providers and health care facility administrators to learn about the latest issues surrounding HCP vaccination.

Visit the site at: <http://www.immunize.org/express/issue948.asp>.

Subscribe to the CDC's free email subscription service.

Receive email notifications when
new or updated
information is available:

www.cdc.gov/emailupdates/index.html.

Click on *Subscribe*, then click on all immunization topics of interest.

Did you know?

Federal law requires that a copy of the appropriate Vaccine Information Statement (VIS) be given to the adult recipient or to a child's parent/legal representative prior to vaccination.

Visit the Immunization Action Coalition website to view "It's Federal Law" which details those VISs required by law and those recommended.

<http://www.immunize.org/catg.d/p2027.pdf>

Medical Center Earns Perinatal Hepatitis Award

In October "The Birth Place" at Albany Medical Center (AMC) became the first medical center in New York State (NYS) to earn a Perinatal Hepatitis B Program Certificate of Excellence. Birthing hospitals in New York that meet compliance with NYS perinatal hepatitis B public health law and regulations, and have at least a 90% hepatitis B vaccine birth dose rate, are awarded a Certificate of Excellence.

Over the past three years, many community hospitals have received a Perinatal Hepatitis B Program Certificate of Excellence. However, large medical centers serving high-risk mothers and newborns have additional challenges meeting both compliance with NYS mandates and high birth dose rates. "The Birth Place" at AMC achieved 100% accuracy for testing, reporting, and recording of maternal hepatitis B surface antigen (HBsAg) status and a remarkable 94% birth dose rate.

In April 2006, the NYSDOH Commissioner of Health established the state standard of care to be preference for the first dose of hepatitis B vaccine to be administered to all infants within 12 hours of birth, excluding low birth weight infants born to HBsAg-negative mothers, for whom the vaccine is not recommended. The administration of the first dose of hepatitis B at birth is endorsed by the AAP, ACIP, American Academy of Family Physicians, and the American Congress of Obstetricians and Gynecologists.

The hepatitis B birth dose serves as a "safety net" so that if a mother was improperly diagnosed as HBsAg-negative, and was indeed positive, the infant is still properly protected at birth. Children born to HBsAg-positive mothers who do not become infected during the perinatal period remain at high risk of infection during early childhood; in one study, 40% of infants who were not infected perinatally became infected by age 5 years.

For more information on the NYSDOH hepatitis B birth dose initiative visit:
<http://www.health.ny.gov/diseases/communicable/hepatitis/perinatal.htm>

Immunization Resources

Vaccine Safety

CDC: *Provider Resources for Vaccine Conversations with Parents*. Be sure to click on “Get Email Updates” on the CDC link to receive emails every time information on the *Provider Resources for Vaccine Conversations with Parents* page is updated.

<http://www.cdc.gov/vaccines/spec-grps/hcp/conversations.htm>

IAC: *Need Help Responding to Vaccine-hesitant Parents?*

<http://www.immunize.org/catg.d/p2070.pdf>

NYSDOH: http://www.health.ny.gov/prevention/immunization/vaccine_safety/

CDC: <http://www.cdc.gov/vaccinesafety/>

IAC: <http://www.immunize.org/concerns/>

Every Child By Two: <http://www.vaccinateyourbaby.com>

FDA: <http://www.fda.gov/BiologicsBloodVaccines/Vaccines/default.htm>

AAP: <http://www.aap.org/immunization/>

Children’s Hospital of Philadelphia, Vaccine Education Center:

<http://www.chop.edu/service/vaccine-education-center/home.html>

Seasonal Influenza

CDC: <http://www.cdc.gov/flu/professionals/vaccination/index.htm>

CDC, Vaccine Information Statements: <http://www.cdc.gov/vaccines/pubs/vis/default.htm#flu>

CDC, Patient and Provider Education: <http://www.cdc.gov/flu/professionals/patiented.htm>

NYSDOH: <http://www.health.ny.gov/diseases/communicable/influenza/seasonal/>

IAC: <http://www.immunize.org/>

AAP: <http://www.aap.org/immunization/illnesses/flu/influenza.html>

**Influenza vaccination
for everyone 6 months of age
and older should continue until
vaccine expires in June.**

Vaccine Shortages, Delays and Recalls

Information on national vaccine shortages and supply is available at the CDC website:
<http://www.cdc.gov/vaccines/vac-gen/shortages>.

Vaccine recall information will be provided as it is necessary through the NYSDOH Health Commerce System (HCS) and through this newsletter.

General information on recalled vaccines is available at the CDC website:
<http://www.cdc.gov/vaccines/recs/recalls/default.htm>.

Important Contact Information

NYSDOH Bureau of Immunization
Phone: 518.473.4437 email: immunize@health.state.ny.us
Website: <http://www.health.ny.gov/prevention/immunization/>

For further information, please contact your local health department or regional NYSDOH Bureau of Immunization office:

Western Regional Office
Buffalo: 716-847-4501
Rochester: 585-423-8014

Central New York Regional Office
Syracuse: 315-477-8164

Capital District Regional Office
Troy: 518-408-5278
Oneonta: 607-432-2890

Metropolitan Area Regional Office
New Rochelle: 914-654-7149
Central Islip: 631-851-3096
Monticello: 845-794-5627

Providers and facilities in New York City should contact:
New York City Department of Health and Mental Hygiene, 347-396-2400.

Email the NYSDOH Bureau of Immunization
to receive this e-newsletter directly if you did not.